

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010431

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

211

FILED MAR 25 1963

VS 300
Rev. 4/59

1 0109

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12 2-0

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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COLUMBIA, MISSOURI		c. CITY OR TOWN DURHAM	
Length of stay in 1b 9 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR UNIVERSITY OF MISSOURI INSTITUTION MEDICAL CENTER		d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ORVILLE TANNEYHILL		4. DATE OF DEATH Month Day Year MARCH 19 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-18-1884
9. AGE (last birthday) 79		10. IF UNDER 1 YEAR Months Days Hours Min.	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME LABORER		12. KIND OF BUSINESS OR INDUSTRY KNOX CO MO	
13. BIRTHPLACE (City and state or country) U.S.A.		14. CITIZEN OF WHAT COUNTRY U.S.A.	
15. FATHER'S NAME Peter Tanney Hill		16. MOTHER'S MAIDEN NAME Julia Mahem	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no, or unknown) (If yes, give war or dates of)		18. SOCIAL SECURITY NO. 4 Hoapt Record UMMC	
19. NAME OF HUSBAND OR WIFE Callie Carpenter		20. ADDRESS	
21. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia, Staphylococcal Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Malnutrition		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
22. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	23. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	24. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
25. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	26. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
27. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	28. CITY, TOWN, OR LOCATION COUNTY STATE		
29. I attended the deceased from March 19, 1963 to March 18, 1963 and last saw her alive on March 18, 1963 Death occurred at 3:55 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
30. SIGNATURE (Degree or title) Joseph B. Higginbotham, M.D.		31. ADDRESS 95 Center Drive, Columbia, MO	
32. DATE SIGNED 3/19/63		33. NAME OF CEMETERY OR CREMATORY LA BELLE	
34. LOCATION (City, town, or county) MO		35. DATE RECD. BY LOCAL REG. Mar 19 1963	
36. REGISTRAR'S SIGNATURE Miss R.E. Palmer		37. FUNERAL DIRECTOR ADDRESS CODER FUNERAL HOME LABELL MO	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4897

P. O. Address Calumet, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.